



# Mississippi State Medical Examiners Office

## AUTOPSY RECORDS REQUEST FORM



Case # \_\_\_\_\_ Decedent's Name \_\_\_\_\_

Date of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_

**REQUESTED ITEMS** *Check as many that apply (availability may vary by case)*

**Autopsy Report** ☐

**Toxicology Report** ☐

**Autopsy Photos** ☐

### YOUR CONTACT INFORMATION

**NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

☐ **MAILED** ☐ **PICKED UP**

**Autopsy Report (\$100.00)**

**Toxicology Report (\$100.00)**

**Autopsy Photos (\$25.00)**

**A court issued subpoena is required for outside agencies along with payment.**

### OFFICE USE ONLY

**DATE MAILED:** \_\_\_\_\_ **DATE PICKED UP:** \_\_\_\_\_

**MAILED BY:** \_\_\_\_\_ **PICKED UP BY:** \_\_\_\_\_

**Mississippi State Medical Examiners Office**

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Pearl, MS 39208

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**Fax: (601) 420 9152**